



Georgia Department of Early Care and Learning

Waiting List Information Form

Please clearly print the name as it appears on the birth certificate

Last Name																													
First Name																													
Middle Name																				Name Suffix (Jr, Sr, II, III)									
Last 4 Digits of SSN (if provided)										Date of Birth (M/D/Y)										Gender									
- _____										____/____/____										<input type="checkbox"/> M <input type="checkbox"/> F									
Home Address										City										State					Zip				
GA																													
County of Residence										Date Started on Waiting List (M/D/Y)																			
<div style="text-align: center;">____/____/____</div>																													
Parent/Guardian Name										Phone Number																			

** Directory information on this form may be shared with
Bright from the Start: Georgia Department of Early Care and Learning. **

Parent/Guardian Signature

Date